Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

7-047-2

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE C			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			65					RATE	FEE	7	RATE	FEE
FOR			NUMBER	FILED	NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			6 5 minus 20= *4					X\$ 9=	115	OR	X\$18=	
INDEPENDENT CLAIMS			& minus 3 = * 5					X43=	215	1	X86=	
MULTIPLE DEPENDENT CLAIM PR			RESENT						A 1.7	OR		
* If the difference in column 1 is less than zero, enter "0" in column 2						column 2	'	+145=		OR	-290=	
						Olumni 2		TOTAL	1005	OR	TOTAL	
	C	(Column 1)	MENDED - PART II (Column 2) (Column 3					SMALL	ENTITY	OR	OTHER SMALL I	
		I CLAIMS		HIGHE		1	1 r		,	7		
AMENDMENT A	, ,	REMAINING AFTER AMENDMENT		NUMBE PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		XS 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT (CLAIM			+145=		1	+290=	
		٠					L	TOTAL		OR	TOTAL	
										OR ,	ADDIT. FEE	
		(Column 1)	,	(Column		(Column 3)	· _		·=· · ···			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	***	<u> </u>	=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										+290=	
								+145=		OR	TOTAL	•
								DDIT. FEE		OR ,	ADDIT. FEE	•
		(Column 1)		(Columr		(Column 3)			• •			
AMENDMENT C	`	CLAIMS		HIGHES			Г	' ' '	ADDI-			ADDI-
		REMAINING AFTER - AMENDMENT		NUMBE PREVIOU PAID FO	ISLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		= '		X43=			X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		· -
I If the onto in column 1 is less than the column								+145=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***OR ADDIT. FEE												
		mber Previously Pa Iber Previously Paid						•	ropriate box	in coli	ımn 1.	